

**Canadian Community Monitoring Network
Social Network Analysis Survey Instrument**

CCMN Regional Coordinators:

Text in *italicized Ariel font*, indicates directions/guidance for you, not to be read to the respondent. Also, the abbreviations in these brackets <...> correspond to the field identifier in the accompanying database.

Section A. Identification

A1. Interviewer _____ <Intrvwr>

A2. Name of organization, individual, or group
_____ <Name>

A3. ID number: _____ <StkID#>

A4. Contact Name _____ <CntNm>

A5. Phone Number _____ <Phone>

Section B. Screening Questions

Hello, my name is _____ and I am with the Canadian Community Monitoring Network. This is a new national level public-private partnership that is meant to bring people and groups together share information from existing and new monitoring projects. I am gathering information about monitoring activities in this area, and would appreciate your allowing me to ask you a few questions about the activities of your organization. The interview will take 15-20 minutes, and I will be happy to provide you with a copy of the report of this work, when it's completed.

B1. *Does respondent agree to interview (circle one)?* <Intrvw>

- 1) Yes
- 2) No

If it is inconvenient to speak with me now, may I schedule a time to call you back?

B1a. Date of interview: _____ <Intrvwdt>

B1b. Time of interview: _____ <Intrvwtm>

B2. Are you or other members of your organization currently engaged in monitoring activities in your community? <Mntr> *(circle one)*

- 1) Yes
- 2) No

(If respondent answers "yes" to question B2, skip to Question # C1)

B3. What types of activities is your organization engaged in that might be of interest community-based monitoring partners? *(Examples might include restoration, mitigation, conservation, policy development; to be coded).*

B4. Do you think your group might be interested in monitoring activities in the future?

- 1) Yes
- 2) No

(If respondent answers no to question B4, terminate interview; if respondent answers yes to question B4, skip to Question D1).

B5. May I contact you regarding upcoming monitoring activities?

- 1) Yes
- 2) No

Section C. Questionnaire

C1. Type of Organization (*check type*) <OrgTyp>

- Public Agency:** _____ Federal <PAF>
 _____ Provincial <PAS>
 _____ County <PACo>
 _____ Parish/Local Service District <PAL>
 _____ City <PACy>

- Non-profit Organization:** _____ National <NPN>
 _____ Regional <NPR>
 _____ Provincial <NPS>
 _____ County <NPCo>

_____Parish/Local Service District <PAL>
 _____City <NPCy>

Private For-Profit Organization _____

Private Individual/Citizen _____

C2. Date organization founded_____ <OrgFnd>

C3. GO TO FOLLOWING PAGES TO ENTER RESPONSES TO QUESTIONS C3-C8

What kind of monitoring activities are you engaged in and for how long have you been involved in these particular activities? <PrjA, PrjB, etc.; TmPrjA; TmPrjB, etc.>

If necessary, use list below to prompt respondents:

- 1) *water quality*
- 2) *changes in land use or land cover*
- 3) *energy use*
- 4) *vegetation cover (forestry, agricultural practices, etc.)*
- 5) *wildlife*
- 6) *biodiversity*
- 7) *nutrients (e.g. flows of nitrogen or phosphorus)*
- 8) *materials (harvesting or extraction of resources)*
- 9) *changes in population or demographics*
- 10) *economic activity*

C4. Where are monitoring activities being conducted?

C5. Do you partner with other organizations on these projects or programs? If so, which ones? Can you provide me with the name and telephone number of a contact person in your partner organizations? <ParA1, ParA2, ParA3; ParB1, ParB2, etc.>

C6. For each monitoring project, who receives your data, if anyone?

C7. How often is each of your monitoring activities repeatedly?

C8. Who is the primary funder (i.e. provides largest % of overall project funding) of your monitoring programs?

Section D. Contact Information

D1. Name of Interviewee: _____ <CntNm>

D2. Position _____ <CntPs>

D3. Length of involvement or employment with organization

_____ <LOE>

D6. Address of
Organization _____ <Address>

_____ <City>

_____ <Province> <Postal Code>

D7. Phone Number _____ <Phone>

D8. Fax Number _____ <Fax>

D9. Email _____ <Email>

D10. Web Address _____ <WebSt>

D11. Would you like to receive a copy of the report of this work? <Rpt>
(circle one)

1) Yes

2) No

C3. Projects	C3. Length	C4. Location	C5. Partners	C5. Contact person	C5. Phone	C6. Data recipient	C7. Interval	C8. Primary Funder
PrjA			PrtnrA1			InfShrA1		
			PrtnrA2			InfShrA2		
			PrtnrA3			InfShrA3		

C3. Projects	C3. Length	C4. Location	C5. Partners	C5. Contact person	C5. Phone	C7. Data recipient	C6. Interval	C8. Primary Funder
PrjD								

C3. Projects	C3. Length	C4. Location	C5. Partners	C5. Contact person	C5. Phone	C7. Data recipient	C6. Interval	C8. Primary Funder
PrjE								